## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                  |                                                     |                                            |              |                                         |                              |                   |          |                     | SMALL ENTITY TYPE      |    | OTHER THAN OR SMALL ENTITY |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|--------------|-----------------------------------------|------------------------------|-------------------|----------|---------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                    |                                                     |                                            | 17           |                                         |                              |                   |          | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                             |                                                     |                                            | NUMBER FILED |                                         | NUMBER EXTRA                 |                   |          | BASIC FEE           | 375.00                 | OR | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                         |                                                     |                                            | 17 minus 20= |                                         | . 0                          |                   |          | X\$ 9=              |                        | OR | X\$18=                     | 0                      |
| E                                                                                                                                                                                                                                               | EPENDENT CL                                         |                                            | 3 minus 3 =  |                                         | 0                            |                   |          | X42=                |                        | OR | X84≈                       | 0                      |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                |                                                     |                                            |              |                                         |                              |                   |          | +140=               |                        | OR | +280=                      | 0                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                        |                                                     |                                            |              |                                         |                              |                   |          | TOTAL               |                        | OR | TOTAL                      | 250                    |
|                                                                                                                                                                                                                                                 | CI-05 L                                             |                                            | SMALL E      | NTITY                                   | <del>-</del><br>ОЯ           | OTHER             | •        |                     |                        |    |                            |                        |
| AMENDMENT A                                                                                                                                                                                                                                     | .A11-0 3 L                                          | COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT |              | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY          | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| MON                                                                                                                                                                                                                                             | Total                                               | • 20                                       | Minus        | ** /                                    | 0                            | • /               |          | X\$ 9=              |                        | OR | X\$18=                     |                        |
| AME                                                                                                                                                                                                                                             | Independent                                         | • 3                                        | Minus        | the S                                   |                              | • /.              | 4        | X42=                | •                      | OR | X84=                       |                        |
| L                                                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM      |                                            |              |                                         |                              |                   | ال       | +140=               |                        | OR | +280=                      |                        |
| ٠.                                                                                                                                                                                                                                              | · (4.)                                              | •                                          |              | ·:                                      | . •                          |                   |          | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                 | ***                                                 | <u>)</u>                                   |              |                                         |                              |                   |          |                     |                        |    |                            |                        |
| AMENDMENT B                                                                                                                                                                                                                                     |                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT  |              | NUN<br>PREVI                            | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT,<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Ş.                                                                                                                                                                                                                                              | fotal                                               | *                                          | Minus        | 44                                      |                              | =                 | ▋┃       | X\$ 9=              | ·                      | OR | X\$18=                     |                        |
| AME                                                                                                                                                                                                                                             | Independent                                         | NTATION OF M                               | Minus        | ENDEN                                   | T CI AIM                     | <u> -</u>         | 41       | X42=                |                        | OR | X84=                       |                        |
| <u> </u>                                                                                                                                                                                                                                        | FINST PHESE                                         | NIAHON OF M                                | JETTPLE DEF  | ENDEN                                   | CLAIM                        | <del></del> _     | <b>-</b> | +140=               |                        | OR | +280=                      |                        |
|                                                                                                                                                                                                                                                 | <i>:</i> ;                                          | •                                          | ·            | ,                                       | •                            |                   | •        | TOTAL<br>ADDIT, FEE | ·                      | OR | TOTAL<br>ADDIT, FEE        |                        |
|                                                                                                                                                                                                                                                 | ·<br>·                                              | )_                                         |              |                                         |                              |                   |          |                     |                        |    |                            |                        |
| ENTC                                                                                                                                                                                                                                            |                                                     | CLAIMS REMAINING AFTER AMENDMENT           |              | NUM<br>PREVI                            | HEST<br>NBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| Š                                                                                                                                                                                                                                               | Total                                               | •                                          | Minus        | **                                      |                              |                   |          | X\$ 9=              |                        | OR | X\$18=                     |                        |
| AMENDME                                                                                                                                                                                                                                         | independent                                         | •                                          | Minus        | ***                                     | <b>7.01</b> AM               | -                 | 4        | X42=                |                        | OR | X84=                       |                        |
| I                                                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140 |                                            |              |                                         |                              |                   |          | +140=               |                        | OR | +280=                      |                        |
|                                                                                                                                                                                                                                                 |                                                     |                                            |              |                                         |                              |                   |          |                     |                        | OR | TOTAL                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                     |                                            |              |                                         |                              |                   |          |                     |                        |    |                            |                        |